

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N40395** (8)

1. Corporation Name

FLORIDA NARCOLEPSY ASSOCIATION, INC.

Principal Place of Business

**1499 RIDGE SHORE DR
TARPON SPRINGS FL 34689
US**

Mailing Address

**1499 RIDGE SHORE DR
TARPON SPRINGS FL 34689-7010
US**



2. Principal Place of Business

7501-142ND AVE N

2a. Mailing Address

PO Box 7304

Suite, Apt. #, etc.

377

Suite, Apt. #, etc.

SEMINOLE FL

City & State

LARGO FL

City & State

SEMINOLE FL

Zip

33771

Country

Zip

33775

Country

9. Name and Address of Current Registered Agent

**LEHNER, ARLENE R.
1499 RIDGE SHORE DR
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name ROBERT SOMMERKAMP

82 Street Address (P.O. Box Number is Not Acceptable)

7501-142ND AVE N

83

84 City

LARGO

FL

85 Zip Code

33771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Robert Sommerkamp

ROBERT SOMMERKAMP

2/8/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE
NAME **LEHNER, ARLENE R.**
STREET ADDRESS **1499 RIDGE SHORE DR**
CITY- ST- ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **BETTS, MARY**
STREET ADDRESS **10457 COOPERWOOD DR.**
CITY- ST- ZIP **NEW PORT RICHEY FL 34654**

TITLE **PD** ☐ DELETE
NAME **FAY, ROBERT**
STREET ADDRESS **16211 2ND ST. E.**
CITY- ST- ZIP **REDINGTON BEACH FL**

TITLE **D** ☐ DELETE
NAME **GOETTMANN, ROBERT**
STREET ADDRESS **5104 43RD AVE. W.**
CITY- ST- ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE
NAME **RHODES, RON**
STREET ADDRESS **3773 WAKE AVE.**
CITY- ST- ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **UNDERWOOD, GLENN**
STREET ADDRESS **12240- 69TH TERR N**
CITY- ST- ZIP **SEMINOLE FL 34642**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/E/T** ☒ Change ☐ Addition
1.2 NAME **ROBERT SOMMERKAMP**
1.3 STREET ADDRESS **7501-142ND AVE N #377**
1.4 CITY- ST- ZIP **LARGO FL 33771**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Robert Sommerkamp

Secretary

2/8/97 (813) 536-9503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0069051**

CR2E037 (9/96)